

FILE 'REGISTRY' ENTERED AT 14:01:02 ON 17 SEP 2003

FILE 'CAPLUS' ENTERED AT 14:01:09 ON 17 SEP 2003

L1 1 S WO9937305/PN
SELECT L1 1 RN

FILE 'REGISTRY' ENTERED AT 14:01:43 ON 17 SEP 2003

L2 1 S E1
L3 1 S E2
L4 1 S E3
L5 1 S E4
L6 1 S E5
L7 1 S E6
L8 1 S E7
L9 1 S E8
L10 1 S E9
L11 1 S E10

FILE 'CAPLUS' ENTERED AT 14:04:11 ON 17 SEP 2003

L12 2 S US6342496/PN
SELECT L12 1 RN

FILE 'REGISTRY' ENTERED AT 14:06:33 ON 17 SEP 2003

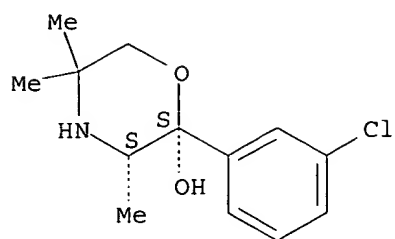
L13 1 S E34
L14 1 S E21
L15 1 S E36
L16 1 S E37
L17 1 S E38
L18 1 S E40
L19 1 S E51
L20 1 S E30
L21 1 S E19
L22 1 S E12
L23 1 S E26

=> d sel

E1	1	106083-71-0/BI
E2	1	124-68-5/BI
E3	1	15481-39-7/BI
E4	1	192374-14-4/BI
E5	1	192374-15-5/BI
E6	1	233600-52-7/BI
E7	1	233600-53-8/BI
E8	1	233600-54-9/BI
E9	1	34841-35-5/BI
E10	1	34911-51-8/BI
E11	2	109889-09-0/BI
E12	2	112727-80-7/BI
E13	2	34911-55-2/BI
E14	2	364-62-5/BI
E15	2	83863-69-8/BI
E16	2	89565-68-4/BI
E17	2	90182-92-6/BI
E18	2	99614-02-5/BI
E19	1	102141-11-7/BI
E20	1	102141-12-8/BI
E21	1	106083-71-0/BI
E22	1	124-68-5/BI
E23	1	153365-82-3/BI
E24	1	18162-48-6/BI
E25	1	192374-14-4/BI
E26	1	192374-15-5/BI
E27	1	287477-53-6/BI
E28	1	291275-45-1/BI

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E23	1	153365-82-3/BI
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E26	1	192374-15-5/BI
E27	1	287477-53-6/BI
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E29	1	291275-46-2/BI
E30	1	292055-71-1/BI
E31	1	292055-72-2/BI
E32	1	31677-93-7/BI
E33	1	32634-66-5/BI
E34	1	34841-35-5/BI
E35	1	34911-51-8/BI
E36	1	357399-43-0/BI
E37	1	357399-44-1/BI
E38	1	357628-59-2/BI
E39	1	357628-60-5/BI
E40	1	357628-62-7/BI
E41	1	357628-63-8/BI
E42	1	357628-64-9/BI
E43	1	357637-16-2/BI
E44	1	357637-18-4/BI
E45	1	386210-39-5/BI
E46	1	386210-40-8/BI
E47	1	386210-41-9/BI
E48	1	50-67-9/BI
E49	1	51-41-2/BI
E50	1	51-61-6/BI
E51	1	80478-42-8/BI
E52	1	80478-43-9/BI
E53	1	82801-49-8/BI
E54	1	87-69-4/BI
E55	1	92264-81-8/BI
E56	1	92264-82-9/BI
E57	1	99102-04-2/BI

Absolute stereochemistry. Rotation (+).



● HCl

L14 ANSWER 12 OF 16 MEDLINE on STN DUPLICATE 12
 AN 77000526 MEDLINE
 DN 77000526 PubMed ID: 183839
 TI REM latency: a psychobiologic marker for primary depressive disease.
 AU Kupfer D J
 SO BIOLOGICAL PSYCHIATRY, (1976 Apr) 11 (2) 159-74.
 Journal code: 0213264. ISSN: 0006-3223.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 197612
 ED Entered STN: 19900313
 Last Updated on STN: 19900313
 Entered Medline: 19761203
 AB Previous investigations have indicated that one of the most consistent EEG sleep findings in depressive patients has been a shortened REM latency. On the basis of these studies, we have concluded that with the exception of drug withdrawal states (such as CNS depressant or amphetamine withdrawal and **narcolepsy**) shortened REM latency points to a strong **affective** component in the patient's illness. Short REM latency has also been observed in patients suffering from schizo-affective illness as well as in certain schizophrenic patients who require tricyclic antidepressants in their management. Furthermore, this psychobiologic marker is a persistent, rather than a transient phenomenon, and can be observed over a period of several weeks unless a patient's condition becomes more favorable through clinical intervention. This present report indicates that short REM latency is found in virtually all primary depressive illness and is absent in secondary depression. Thus, REM latency appears to be a dependable, measurable marker for diagnosing primary depression, and we argue that the phenomenon is independent of age, drug effect and changes in other sleep parameters. It is expected that EEG sleep and motor measurements can yield further significant data and improve differential diagnosis in psychiatry, in much the same way that laboratory data support other medical specialities.
 CT Check Tags: Female; Human; Male; Support, U.S. Gov't, Non-P.H.S.
 Adult
 Affective Symptoms: DI, diagnosis
 Age Factors
 Bipolar Disorder: DI, diagnosis
 *Depression: DI, diagnosis
 Depression: ET, etiology
 Diagnosis, Differential
 Middle Age
 Motor Activity: PH, physiology
 Psychotic Disorders: DI, diagnosis
 *Reaction Time
 Sleep Stages
 *Sleep, REM
 Substance Withdrawal Syndrome
 Wakefulness

L14 ANSWER 11 OF 16 MEDLINE on STN DUPLICATE 11
 AN 87211858 MEDLINE
 DN 87211858 PubMed ID: 3579239
 TI Acetylcholine and the regulation of REM sleep: basic mechanisms and
 clinical implications for **affective** illness and
narcolepsy.
 AU Shiromani P J; Gillin J C; Henriksen S J
 NC MH-38738 (NIMH)
 SO ANNUAL REVIEW OF PHARMACOLOGY AND TOXICOLOGY, (1987) 27 137-56.
 Journal code: 7607088. ISSN: 0362-1642.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 198706
 ED Entered STN: 19900303
 Last Updated on STN: 19970203
 Entered Medline: 19870608
 CT Check Tags: Animal; Human; Support, Non-U.S. Gov't; Support, U.S. Gov't,
 Non-P.H.S.; Support, U.S. Gov't, P.H.S.
 *Acetylcholine: PH, physiology
 Affective Disorders, Psychotic: PP, physiopathology
 Narcolepsy: PP, physiopathology
 *Sleep, REM: PH, physiology
 RN 51-84-3 (Acetylcholine)

L14 ANSWER 9 OF 16 MEDLINE on STN DUPLICATE 9
 AN 89175502 MEDLINE
 DN 89175502 PubMed ID: 2925884
 TI Self-reported depressive symptomatology, mood ratings, and treatment outcome in sleep disorders patients.
 AU Mosko S; Zetin M; Glen S; Garber D; DeAntonio M; Sassin J; McAnich J; Warren S
 CS Department of Neurology, University of California Irvine Medical Center, Orange 92668.
 SO JOURNAL OF CLINICAL PSYCHOLOGY, (1989 Jan) 45 (1) 51-60.
 Journal code: 0217132. ISSN: 0021-9762.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 198904
 ED Entered STN: 19900306
 Last Updated on STN: 20000303
 Entered Medline: 19890421
 AB Based on self-rating questionnaire evaluation of symptoms of major affective disorder, 67% of patients who presented to a major sleep disorders center reported an episode of depression within the previous 5 years, and 26% described themselves as depressed at presentation. Furthermore, patients with sleep apnea, **narcolepsy**, or sleep-related periodic leg movements all averaged high rates of self-reported depressive symptomatology, which suggests that sleep disorders should be considered in the differential diagnosis of **affective disorders**, and vice versa. Change scores on the Profile of Mood States were obtained for four subgroups of patients who were undergoing conventional treatment. Significant improvement in scores was observed in obstructive sleep apneics treated surgically and in patients with sleep-related periodic leg movements placed on clonazepam, but not in narcoleptics placed on a stimulant or in insomniacs with chronic use of sedative-hypnotic drugs who were withdrawn from sleep medications. Differential improvement in POMS scores after treatment for different sleep disorders could mean that the relationship to mood disturbance differs for different sleep disorders.
 CT Check Tags: Female; Human; Male
 Adolescent
 Adult
 Aged
 *Depressive Disorder: PX, psychology
 Follow-Up Studies
 Middle Age
 Narcolepsy: PX, psychology
 Psychological Tests
 Restless Legs Syndrome: PX, psychology
 Sleep Apnea Syndromes: PX, psychology
 *Sleep Disorders: PX, psychology
 Sleep Disorders: TH, therapy

L14 ANSWER 6 OF 16 MEDLINE on STN DUPLICATE 6

AN 91353765 MEDLINE

DN 91353765 PubMed ID: 1882995

TI Hypersomnia in bipolar depression: a comparison with narcolepsy using the multiple sleep latency test.

AU Nofzinger E A; Thase M E; Reynolds C F 3rd; Himmelhoch J M; Mallinger A; Houck P; Kupfer D J

CS Department of Psychiatry, University of Pittsburgh School of Medicine, PA.

NC MH-00295 (NIMH)
MH-37266 (NIMH)
MH-37869 (NIMH)
+

SO AMERICAN JOURNAL OF PSYCHIATRY, (1991 Sep) 148 (9) 1177-81.
Journal code: 0370512. ISSN: 0002-953X.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199109

ED Entered STN: 19911020
Last Updated on STN: 20000303
Entered Medline: 19910930

AB OBJECTIVE: This study characterized objectively the hypersomnia frequently seen in the depressed phase of bipolar affective disorder. On the basis of previous work in sleep and affective disorders, it has been hypothesized that the hypersomnia is related to greater REM sleep. This hypothesis was tested by using a multiple sleep latency test to compare bipolar **affective** disorder with **narcolepsy**, a well-defined primary sleep disorder associated with known REM sleep dysfunction. METHOD: Twenty-five bipolar depressed patients were selected on the basis of complaints of hypersomnia. They underwent 2 nights of polysomnography followed by a multiple sleep latency test. Data on their nocturnal sleep and daytime naps were compared with similar data on 23 nondepressed narcoleptic patients referred for sleep evaluation. RESULTS: Despite their complaints of hypersomnia, no abnormalities were noted for the bipolar group in the results from the multiple sleep latency test. Contrary to the working hypothesis, REM sleep was notably absent during daytime naps in the depressed patients, in marked contrast to the findings for the narcoleptic group. CONCLUSIONS: The complaint of sleepiness in the hypersomnic bipolar depressed patient appears to be related to the lack of interest, withdrawal, decreased energy, or psychomotor retardation inherent in the anergic depressed condition, rather than an increase in true sleep propensity or REM sleep propensity.

CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
Adult
*Bipolar Disorder: DI, diagnosis
Bipolar Disorder: PP, physiopathology
Bipolar Disorder: PX, psychology
Circadian Rhythm: PH, physiology
*Disorders of Excessive Somnolence: DI, diagnosis
Disorders of Excessive Somnolence: PP, physiopathology
*Narcolepsy: DI, diagnosis
Narcolepsy: PP, physiopathology
Narcolepsy: PX, psychology
Prospective Studies
*Sleep: PH, physiology
Sleep, REM: PH, physiology

L14 ANSWER 1 OF 16 MEDLINE on STN DUPLICATE 1
 AN 2003099508 MEDLINE
 DN 22499187 PubMed ID: 12612497
 TI Narcolepsy: differential diagnosis or etiology in some cases of bipolar disorder and schizophrenia?.
 AU Douglass Alan B
 CS Department of Psychiatry, University of Ottawa, Ontario, Ontario, Canada..
 adouglas@rohcg.on.ca
 SO CNS Spectr, (2003 Feb) 8 (2) 120-6. Ref: 56
 Journal code: 9702877. ISSN: 1092-8529.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LA English
 FS Priority Journals
 EM 200304
 ED Entered STN: 20030304
 Last Updated on STN: 20030418
 Entered Medline: 20030417
 AB Does narcolepsy, a neurological disease, need to be considered when diagnosing major mental illness? Clinicians have reported cases of narcolepsy with prominent hypnagogic hallucinations that were mistakenly diagnosed as schizophrenia. In some bipolar disorder patients with narcolepsy, the HH resulted in their receiving a more severe diagnosis (ie, bipolar disorder with psychotic features or schizoaffective disorder). The role of narcolepsy in psychiatric patients has remained obscure and problematic, and it may be more prevalent than commonly believed. Classical narcolepsy patients display the clinical "tetrad"--cataplexy, hypnagogic hallucinations, daytime sleep attacks, and sleep paralysis. Over 85% also display the human leukocyte antigen marker DQB1*0602 (subset of DQ6). Since 1998, discoveries in neuroanatomy and neurophysiology have greatly advanced the understanding of narcolepsy, which involves a nearly total loss of the recently discovered orexin/hypocretin (hypocretin) neurons of the hypothalamus, likely by an autoimmune mechanism. Hypocretin neurons normally supply excitatory signals to brainstem nuclei producing norepinephrine, serotonin, histamine, and dopamine, with resultant suppression of sleep. They also project to basal forebrain areas and cortex. A literature review regarding the differential diagnosis of **narcolepsy**, **affective** disorder, and schizophrenia is presented. Furthermore, it is now possible to rule out classical narcolepsy in difficult psychiatric cases. Surprisingly, psychotic patients with narcolepsy will likely require stimulants to fully recover. Many conventional antipsychotic drugs would worsen their symptoms and make them appear to become a "chronic psychotic," while in fact they can now be properly diagnosed and treated.
 CT Check Tags: Comparative Study; Human
 *Bipolar Disorder: DI, diagnosis
 Bipolar Disorder: ET, etiology
 Bipolar Disorder: GE, genetics
 Chromosomes, Human, Pair 6
 Comorbidity
 Diagnosis, Differential
 Genetic Predisposition to Disease: GE, genetics
 Genetics, Population
 HLA-DQ Antigens: GE, genetics
 Narcolepsy: CO, complications
 *Narcolepsy: DI, diagnosis
 Narcolepsy: GE, genetics
 Risk Factors
 *Schizophrenia: DI, diagnosis
 Schizophrenia: ET, etiology

Schizophrenia: GE, genetics

CN 0 (HLA-DQ Antigens); 0 (HLA-DQB1)

L4 ANSWER 5 OF 5 CAPLUS COPYRIGHT 2003 ACS on STN

AN 1999:495162 CAPLUS

DN 131:140797

TI Methods and compositions for aiding in smoking cessation and for
treating pain and other disorders using optically pure (-)-
bupropion

IN McCullough, John R.; Rubin, Paul D.

PA Sepracor Inc., USA

SO PCT Int. Appl., 39 pp.

CODEN: PIXXD2

DT Patent

LA English

IC ICM A61K031-00

CC 4-8 (Toxicology)

Section cross-reference(s): 1, 63

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9938499	A2	19990805	WO 1999-US1951	19990128
	WO 9938499	A3	19990930		
	W:		AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM		
	RW:		GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG		
	CA 2318738	AA	19990805	CA 1999-2318738	19990128
	AU 9923498	A1	19990816	AU 1999-23498	19990128
	EP 1051163	A2	20001115	EP 1999-903490	19990128
	R:		AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI		
	JP 2002501888	T2	20020122	JP 2000-529232	19990128
PRAI	US 1998-72932P	P	19980129		
	WO 1999-US1951	W	19990128		
AB	Methods and compns. are disclosed utilizing the optically pure (-)-isomer of bupropion to assist in smoking cessation, for treating smoking and nicotine addiction, and for treating pain, including, but not limited to, chronic pain, neuropathetic pain and reflex sympathetic dystrophy, and other disorders such as narcolepsy , chronic fatigue syndrome, fibromyalgia, seasonal affective disorder and premenstrual syndrome, while avoiding adverse affects assocd. with racemic bupropion .				
ST	cigarette smoking bupropion ; pain treatment bupropion ; narcolepsy treatment bupropion ; fibromyalgia treatment bupropion				
IT	Tobacco products (chewing; methods and compns. for aiding in smoking cessation and for treating pain and other disorders using (-)- bupropion)				
IT	Fatigue, biological (chronic fatigue syndrome; methods and compns. for aiding in smoking cessation and for treating pain and other disorders using (-)- bupropion)				
IT	Muscle, disease (fibromyalgia; methods and compns. for aiding in smoking cessation and for treating pain and other disorders using (-)- bupropion)				
IT	Pain Tobacco smoke (methods and compns. for aiding in smoking cessation and for				

treating pain and other disorders using (-)-bupropion
)
IT Sleep
(narcolepsy; methods and compns. for aiding in smoking
cessation and for treating pain and other disorders using
(-)-bupropion)
IT Drug dependence
(nicotine; methods and compns. for aiding in smoking cessation and for
treating pain and other disorders using (-)-bupropion
)
IT 54-11-5
RL: ADV (Adverse effect, including toxicity); BIOL (Biological study)
(addiction; methods and compns. for aiding in smoking cessation and for
treating pain and other disorders using (-)-bupropion
)
IT 144445-75-0, (+)-Bupropion 144445-76-1, (-)-Bupropion
234447-17-7, (-)-Bupropion hydrochloride
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(methods and compns. for aiding in smoking cessation and for
treating pain and other disorders using (-)-bupropion
)

L4 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2003 ACS on STN
 AN 1999:495165 CAPLUS
 DN 131:134650
 TI Pharmaceutical uses of optically pure (+)-**bupropion**
 IN Young, James W.
 PA Sepracor Inc., USA
 SO PCT Int. Appl., 34 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 IC ICM A61K031-135
 CC 63-6 (Pharmaceuticals)
 FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9938502	A1	19990805	WO 1999-US1952	19990128
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	CA 2318960	AA	19990805	CA 1999-2318960	19990128
	AU 9924834	A1	19990816	AU 1999-24834	19990128
	EP 1051166	A1	20001115	EP 1999-904433	19990128
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
	JP 2002501890	T2	20020122	JP 2000-529235	19990128
PRAI	US 1998-72955P	P	19980129		
	WO 1999-US1952	W	19990128		
AB	Methods and compns. are disclosed utilizing the optically pure (+)-isomer of bupropion (I), which is a potent drug for treating depression, Parkinson's disease, obesity, wt. gain, bipolar, attention-deficit or conduct disorders, psychosexual dysfunction, bulimia, eating disorders or specific food craving. The compn. can be administered i.v., transdermally (patch) or orally, possibly in a sustained release form. A tablet contained I 75, lactose 125, corn starch 5.0, magnesium stearate 0.5, and corn starch 25.0 mg.				
ST	pharmaceutical optical isomer bupropion				
IT	Mental disorder (affective , seasonal; pharmaceutical uses of optically pure (+)- bupropion)				
IT	Drug delivery systems (capsules; pharmaceutical uses of optically pure (+)- bupropion)				
IT	Tobacco products (chewing; pharmaceutical uses of optically pure (+)- bupropion)				
IT	Fatigue, biological (chronic fatigue syndrome; pharmaceutical uses of optically pure (+)- bupropion)				
IT	Pain (chronic; pharmaceutical uses of optically pure (+)- bupropion)				
IT	Drug delivery systems (controlled-release; pharmaceutical uses of optically pure (+)- bupropion)				
IT	Mental disorder (depression; pharmaceutical uses of optically pure (+)- bupropion)				
IT	Muscle, disease (fibromyalgia; pharmaceutical uses of optically pure (+)-				

bupropion)
 IT Drug delivery systems
 (injections, i.v.; pharmaceutical uses of optically pure (+)-
 bupropion)
 IT Sleep
 (narcolepsy; pharmaceutical uses of optically pure (+)-
 bupropion)
 IT Nerve, disease
 (neuralgia; pharmaceutical uses of optically pure (+)-bupropion
)
 IT Drug delivery systems
 (oral, sustained release; pharmaceutical uses of optically pure (+)-
 bupropion)
 IT Drug delivery systems
 (oral; pharmaceutical uses of optically pure (+)-bupropion)
 IT Analgesics
 Headache
 Seizures
 Tobacco smoke
 (pharmaceutical uses of optically pure (+)-bupropion)
 IT Ovarian cycle
 (premenstrual syndrome; pharmaceutical uses of optically pure (+)-
 bupropion)
 IT Drug delivery systems
 (tablets, sustained-release; pharmaceutical uses of optically pure (+)-
 bupropion)
 IT Drug delivery systems
 (tablets; pharmaceutical uses of optically pure (+)-bupropion
)
 IT Drug delivery systems
 (tapes; pharmaceutical uses of optically pure (+)-bupropion)
 IT Drug delivery systems
 (transdermal; pharmaceutical uses of optically pure (+)-
 bupropion)
 IT 144445-75-0, (+)-Bupropion 234447-36-0
 RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
 (pharmaceutical uses of optically pure (+)-bupropion)

RE.CNT 11 THERE ARE 11 CITED REFERENCES AVAILABLE FOR THIS RECORD
 RE

- (1) Crenshaw; J SEX MARITAL THER 1987, V13(4), P239 MEDLINE
- (2) Garland; J PSYCHOPHARMACOLOGY 1998, V12(4), P385 CAPLUS
- (3) McNamee; J PHARM PHARMACOL 1985, V37(suppl), P147
- (4) Mehta, N; US 3885046 A 1975 CAPLUS
- (5) Musso; CHIRALITY 1993, V5(7), P495 CAPLUS
- (6) Nagle, J; WO 9420100 A 1994 CAPLUS
- (7) Neurobiological Technologies Inc; WO 9639133 A 1996 CAPLUS
- (8) The Wellcome Foundation Limited; WO 9503791 A 1995 CAPLUS
- (9) The Wellcome Foundation Limited; WO 9404138 A 1994 CAPLUS
- (10) Wright; J CLIN PSYCHIATRY 1985, V46(1), P22 MEDLINE
- (11) Zarrindast; GEN PHARMACOLOGY 1988, V19(2), P201 CAPLUS

L9 ANSWER 38 OF 43 USPATFULL on STN

DETD Changes in REM latency have been reported in a plethora of **affective** illnesses including endogenous depression, schizophrenia, anxiety disorders, obsessive-compulsive disorders, eating disorders as well as in **narcolepsy**, alcoholism, Alzheimer's disease and impotence. REM latency is important not only in the diagnosis of these conditions but also in therapy and follow up since it is a sensitive indicator of the patient's condition.

ACCESSION NUMBER: 2001:214397 USPATFULL

TITLE: Method and apparatus for the non-invasive detection of medical conditions by monitoring peripheral arterial tone

INVENTOR(S): Goor, Daniel A., Tel Aviv, Israel
Schnall, Robert P., Kiryat Bialik, Israel
Sheffy, Jacob, Tel Aviv, Israel
Lavie, Peretz, Haifa, Israel

PATENT ASSIGNEE(S): Itamar Medical, Caesarea Industrial Park, Israel
(non-U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 6322515	B1	20011127
APPLICATION INFO.:	US 1999-324529		19990602 (9)
RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. US 214788		

	NUMBER	DATE
PRIORITY INFORMATION:	IL 1996-118976	19960730
	IL 1997-120108	19970130
	IL 1997-120109	19970130
	IL 1997-120881	19970521